

2010/2011 DWI- Client Information Transfer Sheet



State of North Carolina

Department of Mental Health, Developmental Disabilities, and Substance Abuse Services

Facility Code: _____

County: _____

Provider Name: _____

Address: _____

City: _____

State: _____

Zip: _____

Client Name: _____

Record #: _____

Information Transferred To _____

Information Requested From _____

(please check)

Facility Name: _____

Information to be Transferred/Requested includes: (10a NCAC 27g .3811)

____ Copy of Signed Assessment (Printout from e508 System - DWI Certificate of Completion)

____ Complete Motor Vehicle Record (MVR) from N.C. and Other Applicable States.

____ Verification of Alcohol Concentration from Clerk of Court or original citation.

____ DSM-IV Diagnosis and Other Assessment Information

Requested/Sent By: _____ Date Requested/Sent: _____

____ Copy of Signed Assessment (Printout from e508 System - DWI Certificate of Completion)

____ Complete Motor Vehicle Record (MVR) from N.C. and Other Applicable States.

____ Verification of Alcohol Concentration from Clerk of Court or original citation.

____ DSM-IV Diagnosis and Other Assessment Information

Requested/Sent By: _____ Date Requested/ Sent: _____

COMMENTS:

NOTE: Release of Information Signed by the Client MUST Accompany This Request.

Please place a copy of completed form in client file for verification purposes.